

# MONTAGUE MICRO-ENTERPRISE COVID RECOVERY ASSISTANCE PROGRAM Application Form

The Town intends to engage the Franklin County Community Development Corporation (FCCDC) to administer this new small business (forgivable) loan program in support of the continued operation or re-opening of small businesses that are dealing with the negative economic impacts of the COVID-19 pandemic.

The goal of this program is to make funds available to small businesses disrupted by the COVID-19 pandemic until they are able to access the other programs and/or restore revenue streams and cash flow.

Microenterprise Assistance (forgivable loans) to small businesses, in operation for at least six months with 5 or fewer employees (including the owner), the owner's household income must be less than 80% of the HUD median income. Loans of up to \$5,000 for up to three months of business expenses (payroll, salaries, health care, rent, mortgage interest, inventory, equipment and working capital), forgivable 120 days after issued as long as business provides documentation that the funds have been spent in line with the presented budget and the owner certifies that they have not received nor will they receive funds for these expenses from other funding programs.

The following are the eligibility criteria:

1. Business must be a for-profit business located in Montague.
2. Business must have been in operation on December 10, 2019 and have had continuing operations through March 10, 2020.
3. Businesses must have 5 or fewer current employees (including the owner) on date of application.
4. Business owner's family income must be less than 80% HUD median income (adjusted by household size).
5. Business must either be open as an essential business or intend to reopen as allowed by guidance issued by the Governor's Order.
6. Business must have annual gross sales of at least \$20,000.
7. Priority to businesses with brick and mortar operations in Montague.
8. Funds will be available on a first come, first serve basis. Timing is based on when the application is complete and received with all the requested documents. Everything will be time stamped.

\* Required

1. Email address \*

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## ELIGIBILITY

2. Describe your FOR PROFIT Business Structure: (Nonprofits, liquor and tobacco sales, pawn shops, cannabis stores, adult entertainment, passive real estate and social clubs are not eligible) \*

*Mark only one oval.*

- ☐ Yes, Sole Proprietor
- ☐ Yes, LLC
- ☐ Yes, Corporation
- ☐ Yes, Cooperative
- ☐ No, Not for Profit

3. Was your business in operation prior to December 10, 2019? \*

*Mark only one oval.*

- ☐ YES Business was started prior to December 10, 2019
- ☐ NO Business was started after December 10, 2019

4. Do you have 5 or fewer employees on the date of this application? (including part time, full time and the owner (s) \*

Mark only one oval.

- ☐ Yes, 5 or fewer
- ☐ No, 6 or more

**INCOME GUIDELINES (2020)**

	Persons in Household							
	1	2	3	4	5	6	7	8
Gross ANNUAL INCOME less than 80% AMI Income Limits (\$)	47,850	54,650	61,500	68,300	73,800	79,250	84,700	90,200
	Persons in Household							
	1	2	3	4	5	6	7	8
Did you make less than this in the EIGHT (8) WEEKS prior to date of application?	7,362	8,408	9,462	10,508	11,354	12,192	13,031	13,877

5. Are you a low-or moderate-income business owner? (Low/Moderate Income is defined as a family income at or less than 80% of the Area Median Income (AMI) for your city/town of residence, based on the number of persons in the household.) To calculate your income eligibility, take the gross income of all family members for the 8 weeks prior to your application. Divide by 8 to get a weekly amount; then multiply by 52 to get an annual estimate. Refer to chart ABOVE. You may ALSO use your 2019 Annual income if your current 2020 income exceeds the guidelines. If you are NOT SURE, check YES and we will assist you with determining your income eligibility. (The stimulus check and the extra \$600 of PUA is not included in determining income) \*

Mark only one oval.

- ☐ Yes
- ☐ No

6. How many people live in your household?

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7. List Business Owners - List the business owners with more than 20% ownership: (FAMILY INCOME FORM NEEDED FOR ALL OWNERS - ALL OWNERS MUST BE INCOME ELIGIBLE TO RECEIVE ASSISTANCE - REFER TO CHART ABOVE) \*

List Owners Name, Title, % ownership interest, Owner Income Eligible - Yes or No. EXAMPLE: Jane Smith, Manager: 50% ownership: Yes Eligible

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8. Does your annual business sales gross \$20,000 or more per year? (If your business is less than 12 months old, calculate annualized business sales by taking gross sales to date/months in operation x 12 months. If greater than \$20,000 you meet this criteria) \*

*Mark only one oval.*

- ☐ Yes  
☐ No

If you answered NO TO ANY OF THE ABOVE questions, your business WILL NOT QUALIFY for MICRO-ENTERPRISE ASSISTANCE. (We are developing a program for other businesses). If you answered YES TO ALL OF THE ABOVE questions then continue.

9. Did you answer YES to ALL OF THE ABOVE QUESTIONS? \*

*Mark only one oval.*

- ☐ Yes    *Skip to question 12*  
☐ No    *Skip to question 10*

*Skip to question 10*

10. Based on your answers, you are not eligible for this program.

We are working on additional programs for small businesses. If you would like to receive information on future assistance programs, please provide your email address here. If you have questions or need more information, contact Amy Shapiro at [amys@fccdc.org](mailto:amys@fccdc.org).

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11. Leave any questions or comments here

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Application (continued)

## DEMOGRAPHIC INFORMATION

12. Gender \*

*Mark only one oval.*

- ☐ Male  
☐ Female  
☐ Other: \_\_\_\_\_

13. Are you a U.S. Veteran? \*

*Mark only one oval.*

☐ Yes

☐ No

14. Does the business qualify (certified) as a Women Owned business ?

*Mark only one oval.*

☐ Yes

☐ No

☐ Not sure

15. Does the business qualify as a minority owned business?

*Mark only one oval.*

☐ Yes

☐ No

☐ Not sure

16. Check all that apply (optional)

*Check all that apply.*

☐ Are you a single parent household?

☐ Are you under 25 years of age?

☐ Are you 60 or more years of age?

☐ Do you have a disability?

17. Check one of the following with which you most closely identify: \*

*Mark only one oval.*

☐ White

☐ American Indian/Alaskan Native Black/African American

☐ Black African American and White

☐ American Indian/Alaskan Native and White Asian

☐ Native Hawaiian/Other Pacific Islander

☐ Asian and White

☐ Other (Multi-Racial)

☐ Prefer not to disclose

18. In ADDITION to the above categories, do you consider yourself Hispanic/Latino? \*

*Mark only one oval.*

☐ Yes

☐ No

## APPLICANT: PERSONAL INFORMATION

19. Primary Business Owner: Name and Authorized Signer for the Business. \*

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20. Contact information: Owner's Home Address, City/Town, State, Zip Code \*

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21. Business Owner's Email address \*

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22. Business Owner's cell phone number \*

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23. Does any owner currently work for the Town of Montague or hold a position on a Montague board or commission (potential conflict of interest issues)? \*

*Mark only one oval.*

☐ No

☐ Yes

24. If yes, from previous question, please list name, city-related position:

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## BUSINESS INFORMATION

25. Check the Business Industry that best fits: \*

*Mark only one oval.*

☐ Agriculture

☐ Creative

☐ Entertainment

☐ Health

☐ Manufacturing

☐ Retail

☐ Restaurant

☐ Service

☐ Other

26. Business Legal Name, DBA (Doing Business As) \*

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27. Business Address: \*

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28. Business Mailing Address: City/Town, State, Zip code, \*

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29. Business Phone Number and Website \*

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30. *Mark only one oval.*

☐ Option 1

31. On March 1, 2020, how many people did your business employ (including yourself - include full-time and part-time employees)? Enter Number of employees: \*

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32. As of the date of application, how many people did your business employ (including yourself - include full-time and part-time employees)? Enter Number of employees: \*

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LIST EMPLOYEES- POSITIONS-HOURS AS OF MARCH 1 2020 AND AT TIME OF APPLICATION

33. Number of average hours worked per week from 2/1/2020 to 3/1/2020. Check what best apply. \*

Mark only one oval per row.

	Less than 10 hours	Between 11-20 hours	Between 21-35 hours	Over 36 hours	None	Not Applicable
Employee 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For more than 8 employees, average hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. Average number of hours worked per week for PAST 4 weeks - At Time of Application. Check what best apply.

Mark only one oval per row.

	Less than 10 hours	Between 11-20 hours	Between 21-35 hours	Over 36 hours	None	Not Applicable
Employee 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. Is the employee still employed earning wages -At time of application? Y/N

Mark only one oval per row.

	Yes	No	Not Applicable
Employee 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. What is happening to your business now? Check all that apply \*

*Check all that apply.*

- ☐ Open Full Time
- ☐ Open with Limited Hours
- ☐ Laid off Employees
- ☐ Limited Sales
- ☐ Selling Online
- ☐ No Sales
- ☐ Other

37. What were January 2020 gross sales? \*

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38. What were February 2020 gross sales? \*

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39. What were March 2020 gross sales? \*

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40. What were April 2020 gross sales? \*

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41. What were May 2020 gross sales? \*

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42. Please provide a brief explanation of what adverse economic impacts COVID-19 has had on your business. \*

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FUNDING REQUEST



43. If awarded the forgivable loan, what will these funds be used for? Check all that apply. Funds are only for expenses incurred after the day funds are received. (excludes construction costs and debt) \*

Check all that apply.

- ☐ Employees wages and benefits
- ☐ Equipment
- ☐ Inventory
- ☐ Materials or Supplies
- ☐ Rent, Utilities, Overhead, Expenses
- ☐ Services
- ☐ Working capital
- ☐ Other

44. How much of a forgivable loan are you requesting? Explain amount of each expense from previous question and total amount requesting. (\$5,000 maximum) \*

45. Describe any business changes or improvements (adding products and/or services, developing new strategies or tactics, that you plan to implement using these funds). \*

46. Did you apply for and/or receive the following: Check all that apply \*

Check all that apply.

	Applied	Approved	Not Applicable
PPP (Payroll Protection Plan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EIDL (Emergency Injury Disaster Loan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UI/PUA (Unemployment/Pandemic Unemployment Application)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47. Certifications: Check all that you agree to. \*

*Check all that apply.*

- ☐ I certify that the information is true and accurate under pains and penalties of perjury
- ☐ I certify that I have the authority to apply for this loan on behalf of the business described herein.
- ☐ I certify that the loan will be used for business purposes only as detailed in the forgivable loan agreement and not for household, personal, or consumer usage.
- ☐ I certify that my business is in compliance with the Commonwealth of Massachusetts and the Town of Montague in regard I taxes, reporting of employees and contractors, and withholding and remitting child support.
- ☐ I certify that the information contained in this application is true, complete and correct to the best of my knowledge.
- ☐ I understand that any willful misrepresentation on this statement could result in a fine and/or imprisonment under provision of the United States Criminal Code U.S.C. Title 18, Section 1001.

48. Signature and Date \*

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**ADDITIONAL DOCUMENTATION REQUIRED - SUBMIT BY MAIL OR DROP OFF**

THREE (3) DOCUMENTS BELOW ARE NEEDED TO COMPLETE YOUR APPLICATION

1. 2019 Business Tax Return OR  
if 2019 not completed provide 2018 Tax Return AND 2019 Profit and Loss
2. A 2020 Profit & Loss to date or Profit and Loss Worksheet to date
3. Household Income Form (includes family member's income in the household for 8 weeks)  
Please include the number of family members living in your household.

Grant Award is conditional on income eligibility documentation of Household (Family) Income for the 8 weeks prior to the date of Application. (Back up receipts and most recent taxes will need to be provided prior to receiving funding.)

To view the FAQ for this program, go to [https://www.montague-ma.gov/news/newsfile\\_125\\_FAQ\\_MONTAGUE\\_MICROENTERPRISE.pdf](https://www.montague-ma.gov/news/newsfile_125_FAQ_MONTAGUE_MICROENTERPRISE.pdf)

For the printable Profit and Loss Worksheet, go to [https://fccdc.org/wp-content/uploads/PDFs/ProfitLossStatement\\_fillable.pdf](https://fccdc.org/wp-content/uploads/PDFs/ProfitLossStatement_fillable.pdf)

For the printable Household Income Worksheet, go to [https://www.montague-ma.gov/news/newsfile\\_125\\_Household\\_Income\\_Form\\_-\\_Montague.pdf](https://www.montague-ma.gov/news/newsfile_125_Household_Income_Form_-_Montague.pdf)

Emailing tax returns is not advisable due to privacy concerns.

For more information contact Amy Shapiro, [amys@fccdc.org](mailto:amys@fccdc.org)

To submit forms: Label application outside envelope: Montague Micro-Enterprise Covid Recovery Program

**DROP OFF:**

Montague Town Hall

One Avenue A Turners Falls, MA

Town Hall can accept applications on Mondays, Tuesdays, Thursdays 8:30 to 5:30 and Wednesdays 8:30 to 6:30. Town Hall is closed on Fridays.

Drop off in box labelled "Micro-Enterprise Recovery program" in front vestibule and call the number listed number to receive a time stamp.

**Mail to:**

Montague Micro-Enterprise Covid Recovery Program

Franklin County CDC

324 Wells Street

Greenfield, MA 01301

**TO COMPLETE YOUR APPLICATION YOU MUST CLICK SUBMIT BELOW**

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